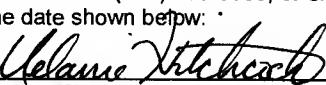
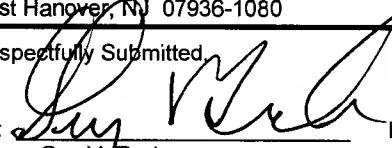
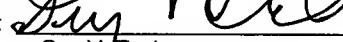


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Weers et al.	Group No: 1616
Application No: 10/616,448	Examiner: Arnold, Ernst V
Confirmation No. 1036	Attorney Docket No: 53281-US-CNT[2] (NV.103.11)
Filed: July 8, 2003	October 14, 2010
Title: PHOSPHOLIPID-BASED POWDERS FOR INHALATION	San Francisco, CA 94107

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time				
<input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136					
Via EFS <input checked="" type="checkbox"/> Response to Non-Final Office Action <input type="checkbox"/> Comments on Statement of Reasons for Allowance <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB/08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	Extension (Months)	Extension Fee			
				Large Entity	Small Entity
		<input type="checkbox"/> One Month	\$130.00	\$65.00	
	<input type="checkbox"/> Two Months	\$490.00	\$245.00		
<input type="checkbox"/> Three Months	\$1,110.00	\$555.00			
Total \$ 0.00					
<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.					

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	13	23	0	\$52.00	\$26.00	\$0.00
Independent Claims	3	3	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
						Total
						\$0.00

Fee Payment	Fee Deficiency
Extension Fee	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or
Fee for Extra Claim(s)	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .
Total	
<input type="checkbox"/> Attached is check no. _____ in the sum of <u>\$0.00</u> . <input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <u>\$0.00</u> .	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; facsimile transmitted to the U.S. Patent Office at (571) 263-8300; or electronically submitted via EFS on the date shown below:</p>	
<p>By:  Date: <u>October 14, 2010</u> Melanie Hitchcock</p>	
<p>Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please send correspondence to: NOVARTIS AG Corporate Intellectual Property One Health Plaza 104/3 East Hanover, NJ 07936-1080</p>	
<p>Respectfully Submitted,  By:  Date: <u>October 14, 2010</u> Guy V. Tucker Registration No. 45,302</p>	